

HEALTH STATUS OF WOMEN DOMESTIC WORKERS: A CASE STUDY**Dr.K.ARajanna****Associate Professor and Co-ordinator,****Principal investigator, UGC Major Research Project****Department of P.G Studies in Economics,****Affiliated to Kuvempu University****I.D.S.G Govt. College, Chikkamagaluru, Karnataka, India****ABSTRACT**

Health condition of women is dependent on their social status, their working conditions and well-being of their family. The nature of working condition and occupation affects health of the labourers. In this context, This paper examines the working condition and its effects on the women, working at domestic activities. As an occupation, the field of domestic work is quite diverse covering profitless, such as child care, looking, cleaning, hospitality and home viewing etc. Women's Domestic work being a core of activity rather than a subsidiary activity and mainly urban based occupation. The nature of work, working conditions and wages are entirely different from other occupations. This study was conducted in Kadur taluk of Chikkamagalur district of Karnataka state in India. Field work was conducted out by adopting personal interview method through the appropriate questionnaire to study the health condition of these women. Further working condition and its effects on their health condition is examined and analysed. The findings of the study highlighted and give sum recommendations regarding the working conditions and health problems.

Key words:

Health, working conditions, child care, domestic work. Cleaning. Hospitality

INTRODUCTION

Domestic workers constitute one of the largest women sector in India. They also represent one often longest number of workers in the informal economy in the country. According to India National Sample Survey (NSS) data, there were 2.0 million female workers in 2011. The health condition of women workers in India due to unfavorable working condition, workplace and the nature of work they suffer from various illnesses. In this connection the national commission of self employed women and women in informal sector had stated that in order to understand the occupations aspect of physical and mental health, it is necessary to have detailed examination of women's work and its effects in terms of physical and mental health. It is necessary to analyse their health in terms of physical stress, the postural position and their effects and occupational related health problems; many characteristics of women's work activities have adverse consequences for their health and well beings.

The socio-economic factors related health such as malnutrition, over burden of physical work and lack of approach to available facilities, gender discrimination and related problems. For women, it made them more vulnerable to diseases and ill health. The poor dietary intake due to heavy physical labour, performing all house-hold duties along with work outside the home leads to chronic energy deficiency and severe anemic condition. The status of women's health is largely reflected by female mortality and

morbidity, disease burden, reproductive behaviours, nutrition, work environment, violence and its consequences on the health care system. Hence still there is a need to look at women's health and some of their, social and physical environment and experiences to understand their status.

With this background the present work is intended to study the health status of women domestic workers. All conditions of work for all domestic workers are arbitrary and based on very individual personalized relationships woven into their relationships are personal stories women to women dealing and also factors of Loyalty/gratitude/helplessness. They can be broadly classified as part times, full times residential or live in domestic workers. They working as cleaning works, looking child care, care of elders, cutting of vegetables, etc.

They also discriminated caste based attitudes prevail in many of the employers house. Where separate glass and plate is kept. They are not allowed to enter the pooja room. Not drinking filter water, not use the toilet which they themselves clean. The practice is such that in many homes after the workers washes the clothes or vessels the employers again rinses with drops of water as an act of purification. The domestic workers may work for long hours and yet not be provided with the food or tea or coffee. Many of them employers', forget that the workers are also humans have families to take care of live in deplorable conditions face health problems and have the same kind of pressures and problems like them.

The study has been chosen because the women domestic workers most exploited and adverse working conditions. It is a labour intensive and traditionally women play important role in it and very few studies has been done in to the women domestic workers. The nature of work and working environment and wages in domestic services entirely different from other informal sector occupations. Health status of women labourers is related to their work. Women domestic workers are not documented as labourers on any official record. Therefore, they are not legally entitled to any compensations or benefits. Their work in this informal sector is not recognized and therefore undermined.

OBJECTIVES

The study was carried out with the following objectives.

1. To examine the health conditions of women domestic workers.
2. To understand and empirically record, the socio-economic status of women domestic workers.
3. To suggest and recommendations to meet the health and well-being of these women workers.

METHODOLOGY

The study was conducted in Kadur Taluk in Chikmagalur district of Karnataka state, India. Women domestic workers have to perform multiple domestic duties. Specially, those below the poverty line, low socio-economic status, working long hours, low wages, lack of education, not aware about their basic rights and health. Women domestic workers where the study was conducted out were chosen by random sampling method. Since their labourers are not documented of any official records, the total number of workers is not available. Information was collected by interviewing the women workers through the interview schedule. The total sample size of the respondents selected for the study was 80. The study sample was consisted of women domestic workers between 18-60 years of age group. The study was based on primary data. The framework used to study the health status of these women domestic workers was designed by analyzing their working conditions. Nature of work, socio-economic conditions, occupation related infrastructure and health problems. The question that is sought to be answered is how the nature of work, working environment and socio-economic status of women domestic workers affects

their health. It is examined with the help of data collected by the women laborers. The findings and conclusions of the study are presented with empirical data with simple statistical tools.

DATA ANALYSIS AND INTERPRETATION

Socio-economic status

Table No – 1

Socio Economic Profile of the Sample Women Domestic Workers (n – 80)

| Particulars | No of Respondents | Percentage |
|--------------------------|-------------------|------------|
| Age range years | | |
| 18-30 | 18 | 22.5 |
| 30-45 | 20 | 62.5 |
| 45-60 | 12 | 15 |
| Education level | | |
| illiterate | 55 | 68.75 |
| Primary | 15 | 18.75 |
| Secondary | 10 | 12.5 |
| Marital status | | |
| Married | 44 | 55.00 |
| Unmarried | 18 | 22.5 |
| Separated | 06 | 7.5 |
| Widow | 12 | 15.0 |
| Types of family | | |
| Joint family | 30 | 37.5 |
| Nuclear | 50 | 62.5 |
| Social group | | |
| SC | 38 | 47.5 |
| ST | 15 | 18.75 |
| OBC | 27 | 27.5 |
| Others | 05 | 6.25 |
| House hold status | | |
| APL | 48 | 10.00 |
| BPL | 52 | 65.00 |
| Anthodhya | 20 | 25.00 |

Source: Field survey

The above table No 1 shows that socio-economic status of women domestic workers. Among the total number of 80 respondents, 62.5 percent of the respondents are between 30-45 years of age group are more in number. 68.75 percent of the women domestic workers are illiterate. Only 18.75 and 12.5 percent of respondents have completed primary and secondary education respectively. They were many school dropouts. The educational status of women domestic workers showed backwardness in formal education. 55 percent of the respondents are married. The remaining respondents are unmarried (22.5%), widow (15%) and separated (7.5%). 62.5 percent of the respondents are nuclear family. 93.75 percent of respondents belong to social group such as SC, ST and Other Backward Community. They are very poor. i.e. 65 percent of the respondents are Below the Poverty Line.

Table No 2
Occupation and Working Conditions related Information.

| Particulars | No of Respondents | Percentage |
|----------------------------------|-------------------|------------|
| Types of work | | |
| Washing | 80 | 100.00 |
| Cleaning | 80 | 100.00 |
| Child care | 50 | 62.5 |
| Care of old age | 30 | 37.5 |
| Multiple work | 80 | 100.00 |
| Other | 20 | 25.0 |
| Hours of work per day | | |
| Less than 5 hours | 14 | 17.5 |
| 6 to 8 hours | 16 | 20 |
| Above 8 hours | 50 | 62.5 |
| Reasons for domestic work | | |
| Poverty | 80 | 100 |
| Family problems | 60 | 75 |
| No continuous work | 80 | 100 |
| Need for income | 80 | 100 |
| Family maintance | 60 | 75 |
| Other | 40 | 50 |
| Working conditions | | |
| Long hours | 80 | 100 |
| Low wages | 80 | 100 |
| Discrimination by Owner | 75 | 93.75 |
| Exploitation | 75 | 93.75 |
| Harassment | 78 | 97.5 |
| Abused | 75 | 93.75 |
| Humiliated and physical torture | 60 | 75.00 |

Source: Field survey

Domestic work being a core of activity rather than a subsidiary activity and mainly urban based occupation. The nature of work, working conditions and wages are entirely different from other occupations. It is evident by the table no. 2 that washing cleaning, and also multiple work is cent percent (100%). Remaining duties are followed by child care (62.5%), care of old age (37.5%), and other (25%), 62.5 percent of women domestic workers work for above 8 hours a day. And 20 percent of women workers work for 6 to 8 hours. Majority women domestic workers stated that reasons for the joining the domestic activities like poverty, no continuous work and need for income. Out of 80 respondents cent (100) percent of the respondents stated that poverty, no continuous work and need for income, followed by 75 percent of the respondents stated to family problems and maintains of the family.

Domestic work however is still undervalued it is looked upon as unskilled because most women have traditionally been considered capable of doing the works and the skills by they are taught by other women in home are peved to be innate. Working conditions of these workers was worsen off. Cent (100%) Percent of the women domestic workers are stated long-working hours and low wages for work.

97.5 percent workers stated harassment and 93.75 percent respondents stated discrimination, Exploitation, an abused. 75 percent of respondents stated humiliated and physical torture.

Table no 3

Health Problems of the Samples (n- 80)

| Particulars | No. of Respondents | Percentage |
|--------------------------|--------------------|------------|
| General weakness | 38 | 47.5 |
| Acidities and heart burn | 40 | 50.0 |
| Head ache | 60 | 75.0 |
| Cough and cold | 60 | 75.0 |
| Skin allergies | 60 | 75.0 |
| Stomach pain | 50 | 62.5 |
| Fever | 55 | 68.75 |
| Musculoskeletal Problems | 55 | 68.75 |
| Mental stress | 50 | 62.5 |

Source: Field survey

The Table No 3 shows, the health profile of the women domestic workers. Head ache, cough and cold, skin allergies, fever, musculoskeletal problems and mental stress are their common health problems. Out of 80 respondents 75 percent of the respondents stated have faced head ache, cough and cold and skin allergies. 68.75 percent of the respondents have suffering fever and musculoskeletal problems and 62.5 percent mental stress and stomach pain. Their other problem includes acidity and heart burn and 47.05 percent general weakness. Majority of the workers were using the facility of government health care system. These women have no coverage against accidents and diseases. If they are ill there is no question if medical leave. In care of injuries or illness during work, the cost of medical treatment is born by the worker themselves or by their family members.

MAJOR FINDING

1. The results reveal that majority i.e 62.5 percent respondents are between 30-45 years age group.
2. The study found that 68.75 percent of the women domestic workers are illiterate out of 80 respondents.
3. Further the study found that 55 percent of the respondents are married and 62.5 percent of the women workers are nuclear family.
4. The study observe that 93.75 percent of respondents are belongs to social group of SC ST and other backward classes. They are low caste and depressed classes which have been neglected for ages.
5. 65 percent of the respondents are below the poverty line.
6. The study evidence that cent (100%) percent of the women domestic workers doing multiple work like washing, cleaning and multiple work. 62.5 percent of the workers work for above 8 hours per day.
7. The study indicates that working conditions of these workers was worsen off. Cent (100%) percent of the workers working long working hours and low wages for work. 97.5 percent workers stated harassment and 93.75 percent have discrimination, exploitation and abused.
8. The study reveals that health profile of these workers was not satisfied. Out of 80 respondents, 75 percent of the respondents stated that head ache, cough and cold, and skin allergies. 68.75 percent faced fever and musculoskeletal problems. And 62.5 percent mental stress and stomach pain.

SUGGESTIONS AND RECOMMENDATIONS

1. Social security to self-employed and employer in unorganized sector be considered health care security schemes should be therefor these workers and the same should be provided by the govt.
2. The government to take incentive to formulate the sperate Board for Domestic Workers for Welfare.It is helpful in securing decent work wages and welfareprogramme.
3. Women Domestic Workers working informal sector is out of occupational and safety legislation it should be enforced
4. To ensure the health and well-being of workers measures must be taken to healthy working environment and to prevent illness related to working conditions.
5. Sufficient wages are essential for the maintenance of good health and well-being without assuring adequate wages.We cannot ensure good health. Hence sufficient wage is necessary to afford nutritious and adequate food, proper accommodation and safe environment.
6. Formation of unions and associations provide support services to member. These women can format finance group, supporting women's organization and awareness raising efforts to increase participation in social protection initiatives.Health infrastructures, education awareness for health must be ensured to there women. Education provides women with an understanding of basic health and gives them power to decide over their own health.

CONCLUSION

The study is focused upon the health status of women domestic workers. The findings of the study has cleared that, Nature of Work, work place environment and conditions have greater impact on their health. It has a profound impact on social status long working hours resulted in extreme fatigue and also it becomes different for them to find a time to attend to their own health problems. Moreover, work related stress leads to an increased risk of diseases other than the toxic risks. They are doing both home and outside work effectively. By their labour they are subsidizing the maintenance of the family. It means it is done at the expenses of their own health and well-being. Lack of information on the working condition and health can lead to negative health effects. As a provider woman has to right to have a safe working condition protected from illness and dangers for that. It is necessary to educate workers about health and safety corners. Education provides women with an understanding of basic health and gives them power to decide over their own health.

SELECTED REFERENCE

1. Bajpai. Asha (1996) Women's Rights of the work place. Emerging challenges and legal interventions, paper presentation (Ed TISS).
2. Bhatt. Ela. R (1995) Occupational health hazards of women workers, paper presented for the Regional Consultation of Action for women's health and development. SERO, New Delhi.
3. Chatterjee. Mirai (1993) Occupational Health of self employed women workers. Health for the millions". Vol I, Feb
4. Adaya and Kiran, U.V (2013) Occupational stress of women workers in unorganized sector, International Journal of Scientific and Engineering Research, 4(3), 3-13.

5. Das, D.K (14985). Sex Discrimination against Female Workers in Unorganized sector, Indian Journal of Industrial relations, 21(2), 232-244.
6. Reddy D.N (1979) – Female work participation in India; facts problems and policies Indian Journal of Industrial relations 15(2) 197-212.
7. Government of India. “Indian Labour Statistics” (various Issues). Labour Bureau, Ministry of Labour. Government of India.
8. National family Health survey III, Available from :<http://www.nfhsindia.org/NFHS-Data/>Accessed in Dec 2010 for India and Gujarat dat.
9. Dr. Naima Ahmed.(2009), “Safeguarding the rights of domestic workers” international labour organization.
10. YohannesMershaBelete (2014), “Challenges and Opportunities of Female domestic Workers”. Academic Journal’s Vol 6(6) PP 192-199, June, 2014.